

**DECLARATION FOR UTILITY OR  
DESIGN  
PATENT APPLICATION  
(37 CFR 1.63)**

Declaration Submitted With Initial Filing      OR       Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	<b>KLBS0007-100</b>
First Named Inventor	<b>Brian David Owen Owen-Smith</b>
<b>COMPLETE IF KNOWN</b>	
Application Number	
Filing Date	<b>Herewith</b>
Art Unit	<b>To Be Determined</b>
Examiner Name	<b>To Be Determined</b>

I hereby declare that:

**Each inventor's residence, mailing address, and citizenship are as stated below next to their name.**

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## DIAGNOSIS OF PRE-ECLAMPSIA

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY) **06/11/2004** as PCT International.

Application Number PCT/GB2004/002521 and was amended on (MM/DD/YYYY) \_\_\_\_\_ (if applicable)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(e)-(4) or (5), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(s) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

## DECLARATION — Utility or Design Patent Application

Direct all correspondence to: <input checked="" type="checkbox"/> Customer Number <b>35151</b> OR <input type="checkbox"/> Correspondence address below			
Name			
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City	State	ZIP	
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
<b>NAME OF SOLE OR FIRST INVENTOR:</b> Given Name (first and middle [if any]) Brian David Owen		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname Owen-Smith	
Inventor's Signature		Date	
Residence: City Chichester	State West Sussex	Country United Kingdom	Citizenship Great Britain
Mailing Address 48 Westgate			
City Chichester	State West Sussex	Zip PO19 3EV	Country United Kingdom
<b>NAME OF SECOND INVENTOR:</b> Given Name (first and middle [if any])		<input type="checkbox"/> A petition has been filed for this unsigned inventor Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
City	State	Zip	Country
<input type="checkbox"/> Additional inventors or a legal representative are being named on the <u>1</u> supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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